CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Peroneal tendon disorders

What you're feeling

The peroneal tendons are two cords that run behind the outside bone of your ankle, just above and below that bony bump you can feel on the side of your ankle. When one of them is irritated or torn, the pain sits right there, along the outer edge of your ankle and hindfoot. It often starts after your ankle rolls inwards, but it can also build slowly over time.

The area may look swollen and feel tender to touch. Pushing off, standing on the outer edge of your foot, or turning your foot outwards against resistance can all make it worse. Walking on uneven ground, stairs, and sport that needs quick side-to-side movement tend to flare it. Some people notice the pain most after activity or the next morning on waking. Rest and easing off activity usually settle it, until the next flare.

If a tendon has slipped out of place, you may feel or see a flicking or snapping behind that ankle bone, sometimes with a sharp grab of pain. This can happen when you rotate your ankle or move your foot from pointing down and inwards to lifting up and outwards. Some people find the tendon slips repeatedly, which makes walking on slopes and stairs feel unreliable.

If a tendon is fully torn, turning your foot outwards becomes weak and difficult. Everyday tasks that load the outer ankle, like pushing off to walk, climbing stairs, or standing on one leg to dress, can become hard. Swelling and tenderness are much the same as with simple irritation, which is why tears are often mistaken for less serious problems at first.

These problems are uncommon, and they are easy to mistake for a simple ankle sprain that will not settle. If pain on the outer side of your ankle lingers despite rest, it is worth having it looked at properly.

What's actually happening

The two tendons behind your outer ankle bone run in a shallow groove in that bone. A strap of tissue called the retinaculum holds them in the groove, a bit like a seatbelt holding cords in place. The tendons bend sharply around the bone tip as they work, so they sit under tension every time you push off or turn your foot.

Several things can go wrong in this setup. If the groove is naturally shallow, or if there is extra tissue crowding the space, the tendons sit loosely and can slip out. When the strap tears, usually during a twist where your ankle

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rolls inwards, the tendons snap back and forth over the bone edge. People often describe a pop or snapping feeling, then pain and swelling. Each slip can fray the tendon, and the fraying tends to run lengthways along the cord, like a rope unravelling strand by strand.

The tendon most often affected is the one attached to the outer edge of your foot, partly because it gets squeezed between the other tendon and the bone behind your ankle. There is also a spot just behind the ankle bone where these tendons have a naturally poor blood supply, so small damage there is slow to heal. Some people are born with an extra tendon or a lower-than-usual muscle belly in the groove, which crowds the space and adds to the strain.

These problems often travel with ankle instability. If the ligaments on the outside of your ankle were stretched by a sprain, the tendons work harder to steady the joint, and they sit in a position where a sudden twist can injure them. That is why the pain, snapping and weakness you read about above all trace back to one story: tendons slipping, rubbing or fraying in a groove that no longer protects them.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At the clinic we take a history, examine your ankle, and arrange scans where they are needed to work out what is wrong. Scans such as ultrasound can show whether a tendon slips out of place as your ankle moves, and MRI can show lengthwise tears in the tendon itself.

For irritation that has built up over time, we usually start without surgery. That means changing the activities that flare the pain, wearing a lace-up ankle brace, and working with a physiotherapist to settle the tendon and rebuild strength. When the irritation is centred on one small spot of inflammation, a period in a cast to rest the tendon completely, combined with anti-inflammatory tablets taken by mouth, may be advised instead. Give these measures a fair run before deciding they have not worked.

If these steps have not settled things, surgery may be the next step. The operation depends on what the tendon looks like. A frayed or partly torn tendon can be cleaned up and repaired, and treating a lengthwise split early lowers the chance of it becoming a full tear. A tendon that has ruptured completely, or one that is worn out beyond repair, can be removed and the remaining tendon rerouted to take over its job. If both tendons are badly worn, one option is to use donor tendon tissue to rebuild them. When the tendons keep slipping out of the groove behind your ankle bone, surgery can repair or rebuild the strap that holds them there, and can deepen the groove so the tendons sit securely. The operation has its own page, and we will talk through which option fits your ankle before any decision is made.

What to expect

These problems tend to linger rather than vanish on their own. Rest and easing off activity may settle each flare, but the pain often comes back when you return to sport or uneven ground. If a tendon keeps slipping out of

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place, the snapping usually continues until it is treated. Left alone, the irritation and fraying can slowly worsen, which is why getting the right diagnosis early matters.

With treatment, the outlook for most people is steady improvement. For irritation that settles with bracing and physiotherapy, you can expect to get back to walking and daily tasks first, then build back to sport as the tendon strengthens. For snapping tendons, surgery to repair or rebuild the strap that holds them in place has a low rate of the problem coming back, and people who had it done many years ago still have a stable, painless ankle. Keyhole surgery using a small camera inside the tendon sheath is less invasive and can speed up your return to sport, though it takes longer in theatre and demands more from the surgeon.

It is worth being honest about the limits. Around one in four people treated for ongoing ankle instability go on to have further sprains. Close to half do not get back to their previous level of sport, and this is seen most in athletes and in people whose ankle ligament on the outer side was also injured. Knowing this before treatment helps you set realistic goals for work and sport, and your surgeon can give you a clearer idea of your own likely timeline once your scans are reviewed.

If a tendon tear is left untreated, damage tends to progress, and most people with a torn tendon also have damage inside the ankle joint itself that needs attention in its own right. The message is simple: outer ankle pain that will not settle deserves a proper look, because the earlier the cause is found, the more options you have.

When to see someone

See your GP if pain along the outer edge of your ankle keeps coming back despite rest, or if it lingers after an ankle sprain that never quite settles. Ask for a specialist review if the outer ankle pain does not improve, because a torn tendon here is easy to miss and often mistaken for a simple sprain. Seek review sooner if your foot turns outwards against resistance and the tendon flicks or snaps out of place, or if turning the foot out has become weak. These signs point to a tendon that is slipping, frayed or fully torn, and the earlier the cause is found, the more options you have.

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